

# Excellence Award Application Form

Full Name:

Primary Subject of Instruction:

Number of Years Teaching:

Contact Address:

  

Subject(s) Applying For:

  

For Committee Use Only:

  

Contact Phone:

School:

  

Contact Email:

District:

  

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List all courses you are teaching or typically teach:

Subject:

Number of Classes/Sections:

Average Enrollment:

  
  
  
  
  
  
  
  
  
  
  
  
  
  
  

List teaching awards and honors received in the last 5 years (reverse chronology):

  
  
  
  
  
  
  
  
  
  
  
  
  
  
  

Indicate your present degree(s), licenses to teach, endorsements, or other formal qualifications:

List any indicators assessing the success of students in your program (examples: percentage of AP students passing AP exams, other norm referenced or criterion referenced competitive test scores of students, special projects or competitions you have encouraged and guided students through, special populations you have served, etc). Please be as descriptive as possible and include any information the Job Enhancement Committee may need in assessing your teaching success:

List your career objectives for the four-year teaching contract:

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\*Please attach additional pages if necessary. Note that the Job Enhancement Committee will be able to best recognize your qualifications for the Advancement Award Scholarship with concise, accurate information.

I, \_\_\_\_\_, understand that the Excellence Award is subject to the terms listed in the Teacher Cash Award/Scholarship Agreement, and agree that if I am offered an Excellence Award and decide to accept the Excellence Award I will also abide by the terms of the Teacher Cash Award/Scholarship Agreement, complete my academic program in a timely manner, and fulfill the four year teaching requirement thereafter. I also certify that the information I have provided in this Excellence Award application is accurate.

\_\_\_\_\_  
Signature

Sponsoring Principal

\_\_\_\_\_  
Name: Please Print

\_\_\_\_\_  
School

\_\_\_\_\_  
Signature

Sponsoring Superintendent

\_\_\_\_\_  
Name: Please Print

\_\_\_\_\_  
District

\_\_\_\_\_  
Signature